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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/615,585	07/07/2003	Michiaki Otani	9333/352 8983		
	7590 . 10/31/2007 ER GILSON & LIONE		EXAM	INER	
POST OFFICE BOX 10395			JACKSON, JAKIEDA R		
CHICAGO, IL	60610		ART UNIT	PAPER NUMBER	
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary

Application No.

10/615,585

OTANI, MICHIAKI

Examiner

Jakieda R. Jackson

2626

	Jakieda R. Jackso	n	2626				
All participants (applicant, applicant's representative, PTO personnel):							
(1) Jakieda R. Jackson.	(3) James Nau	ghton.					
(2) <u>Talis Smits</u> .	(4)						
Date of Interview: 29 October 2007.							
Type: a)⊠ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant	2) <mark> applicant's re</mark>	presentative	· e)				
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)□ No						
Claim(s) discussed: <u>Independent claims</u> .							
Identification of prior art discussed: Renegar.	•						
Agreement with respect to the claims f) was reached.	ı)∏ was not reach	ned. h)⊠ N	I/A.				
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <a "comprising".="" (a="" (see="" 713.04).="" a="" action="" agreed="" allowable="" allowable,="" alphabet="" already="" also,="" amendments="" and="" any="" applicant="" applicant's="" are="" attached="" attached.="" attached.)="" attempting="" available,="" be="" been="" changing="" character(s)="" character(s).="" claim="" claims="" consisting="" copy="" date="" date,="" days="" description,="" examiner="" file="" filed,="" first="" form,="" formal="" from="" fuller="" given="" has="" href="It was discussed that the claims are intending to claim transliteration and that the limitations are " if="" in="" include="" interview="" interview.="" is="" is,="" language="" last="" later,="" longer="" mailing="" month="" mpep="" must="" necessary,="" no="" non-extendable="" not="" of="" of",="" office="" on="" one="" only="" or="" original="" other="" part="" period="" record="" render="" replacing="" reply="" requirements="" reverse="" second="" section="" see="" sheet.<="" side="" statement="" substance="" summary="" td="" text="" that="" the="" thereof="" thirty="" this="" to="" where="" which="" whichever="" with="" would="" written="">							
TĀLIVALDIS IVARS ŠMITS PRIMARY EXAMINER Examiner Note: You must sign this form unless it is an							
Attachment to a signed Office action.	Exa	miner's sigr	nature, if required	1			